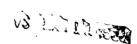
to. 300	THE DIVISION OF HEALTH OF MISSOURI								1229	13
0.48		FICATE OF DEATH State File No.				エんへつ	······································			
	BIHTH APR 20	1959	_ REG. DIST. N	o. <u>38</u>	PRIMARY REG.	DIST. NO. 3	006 Regi	strar's No.	169	
1	1. PLACE OF DEA	TH			2. USUAL,	RESIDENCE				
0	a. COUNTY Boone			a. STATE b. COUNTY Boone / admission						
	OR township) STAY (in this pla			c. LENGTH OF STAY (in this place 6 days	c. CITY	Columbia	0/05	d. ls Re	eidence within lize	uits of lown?
RI	d. FULL NAME OF (14 not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION B. County Hospital			STREET		i, give location)				
RECORD				ADDRESS 400 North 8th St.						
RE		a. (First)		(Middle)	c. (Las		4. DATE	(Month)	(Day) {	Year)
- 1	(Type or Print)	Ida		Frances	Gosli	n	OF DEATH	4 10		,
ន៍	5. SEX 6. 0	COLOR OR RACE	7. MARRIED, NE	VER MARRIED.	8. DATE OF B		9. AGE (In yes	ars IF UNDER	I YEAR OF UND	CR M HTS.
2	Female V	Mhite	Widowe	VER MARRIED, VORCED (Spedily) CL 2	5-18-1	869	last birthday)	Months	Days Hours	Min.
PERMANENT	10a. USUAL OCCUPATION	N (Give kind of work	·	SUSINESS OR IN-	11. BIRTHPLAC	AF	ate or Foreign Co		12. CITIZEN	OF WHAT
ğ	done during most of working life, even if retired)		Retail	DUSTRY	Boone	County			USA	7
- 1	13a. FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·	13b. M	THER'S MAIDEN			WE OF HUSBAN			
4	Jewell Go	slin	L	aura S hi	nlev]	John R	. Gog	dec dinc	•
	15. WAS DECEASED EVER IN U.S. ARMED FO		FORCES7 16. SC	CIAL SECURITY		ANT'S SIGN				RESS
A I	(Yes., no. or unknown) (II res, give war or dates of service) 491-12-8251				Earl	Goslin.	Columbi	ia. M	· O -	
	18 CAUSE OF DEATH MEDICAL C				ERTIFICAT				INTERVAL B ONSET AND	ETWEEN
INKMAKE	Enter only one cause per line for (a), (b), and (c)	ONDITION ING TO DEATH*(a)	U >	emia				1 wee	De la	
- 41	ANTECEDENT CALICES					_				
DEACH	*This does not mean the mode of dring, such	teriolar nephroselenses				Unes	m			
	as heart failure, asthenia,									
- ()	etc. It means the dis- ease, injury, or complica-	DUE TO (-)							_	
UNEADING	tion which caused death.	FICANT CONDITIO				- 1 0	}	0		
		related to the dises	buting to the death buses or condition cause	ing death.	noctured right			up I week		
.	19a. DATE OF OPERA-	19b. MAJOR FINDINGS OF OPERATION				U		,	20. AUTOP	5Y7
							<i></i>	6XF	YES 🗌	MO 🔼
	21a. ACCIDENT (SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJU home, farm, factory, at	JRY (e.g., in or about rest, office bldg., etc.)	21c. (CITY, TO	wn, or townsh	IP) (C	OUNTY)	(STAT	TE)
	21d, TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJ	URY OCCURRED NOT WHILE AT WORK	21f. HOW DID	INJURY OCCUR?				
ı	2. I hereby certify that I attended the deceased from 4 agai, 1959, to 10 ARA, 1959, that I last saw the deceased									
	alive on 9 9, and that death occurred at 12:15 m., from the causes and on the date stated above.									
	23a. SIGNATURE	1	(Degree or title)		5 10	-	0	Z3c. DATE		
- 11	Elice	P. Rud	7 1	M. D. O	<u> </u>	Louth	Targe	<u> </u>	11070	59
	24a. BURIAL, CREMA- TION, REMOVAL (Boodly)	24b. DATE	24c. N	AME OF CEMETER	Y OR CREMATO	RY 24d. LOC	ATION (City, to	wn, or com	aty) (f	itate)
	Burial	14/12/19		orial P	rk Ceme	etery C	olumbio	Mi	ssouri	
	DATE REC'D BY LOCAL REG.	REGISTRÁR'S	SIGNATURE		25. FUNERAL	DIRECTOR'S	SI GHATURE	A	DORESS	
	Apr. 12 1959 Mrs RE Palmer Lyman Sprinkle Columbia, Mo.									
			(Lice	nsed Embelmer's	estement on Rev	rerae Side)				



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

working under my personal supervision..

Student Embalmer No......

by me, or by.

Signature of Student Embalmer Licensed Embalmer No. 442

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.